

Introduction:

University of Tennessee at Martin employees requesting a reasonable accommodation at the workplace based on a disability must submit:

- The completed Request for Reasonable Accommodations form, filled out by the employee (Form 1); and
 - this form, the Medical Information Request form, filled out by the employee’s physician or health care provider (Form 2).
 - Both completed forms must be returned to: ADA Coordinator, Office of Equity and Diversity, 303 Administration Building, Martin, TN 38238.
 - Forms may also be faxed to: (731) 881-3507
 - For questions, please call (731) 881-3505 or the Office of Disability Services at (731) 881-7195
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Section 1: To be completed by employee

_____	_____
Employee Name	Job Title
_____	_____
Department	Supervisor

Section 2: Release of Information (to be completed by employee)

I give permission to my health care providers to release the following information to the University of Tennessee at Martin, to assist the University in determining whether, and to what extent, I may be eligible for a reasonable accommodation at the workplace.

I further give my health care providers permission to discuss my health conditions with the University of Tennessee at Martin, if necessary for clarification purposes.

_____	_____
Employee Signature	Date

Employee Name: _____

5. Please describe what job functions the employee is having trouble performing because of the limitations:

6. How does the employee's limitation(s) interfere with his or her ability to perform the job?

7. Are there any activities or job duties that would present a health or safety risk to the employee or others due to the impairment or its treatment?

8. Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?

9. Any additional comments?

Signature of physician or care provider

Date

Provider name (printed)

Telephone #

Provider Address
